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CONFIDENTIAL**DATE:** May 15, 2006**CLIENT-MATTER No.:** 23029-05797**To:**

NAME	FAX No.	PHONE No.
USPTO	571-273-8300	

FROM: Laura A. Majerus**PHONE:** (650) 335-7152**SENT BY:** Dana Chevalier**PHONE:** (650) 943-5363

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MESSAGE:

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TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)	Application Number	09/825,605	
	Filing Date	April 3, 2001	
	First Named Inventor	Anthony Aquila	
	Group Art Unit Number	3626	
	Examiner Name	Christopher L. Gilligan	
Total Number of Pages in This Submission	2	Attorney Docket Number	23029-05797

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REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

Signature:	<i>Laura Majerus</i>	
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 33,417	Dated: May 15, 2006

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.		
Signature:	<i>Laura Majerus</i>	
Typed or Printed Name:	Laura A. Majerus	Dated: May 15, 2006
Facsimile Number:	574-273-8300	

23029/05797/DOCS/1619597.1

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/825,604
Filing Date	April 3, 2001
First Named Inventor	Anthony Aquila
Group Art Unit	3626
Examiner Name	Christopher L. Gilligan
Attorney Docket Number	23029-05797

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To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Daniel N. Yannuzzi, Esq. Morrison & Foerster				
Address	12531 High Bluff Drive, Suite 100				
Address					
City	San Diego	State	CA	Zip	92130
Country	USA				
Telephone	(858) 720-7922	Fax	(858) 720-5125		

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 00758
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Laura A. Majerus
Signature	<i>Laura Majerus</i>
Date	<i>May 15, 2006</i>

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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